

### ***Caution: DRAFT FORM***

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If you have any comments on this draft form, you can submit them to us on our web site. Include the word DRAFT in your response. You may make comments anonymously, or you may include your name and e-mail address or phone number. We will be unable to respond to all comments due to the high volume we receive. However, we will carefully consider each suggestion. So that we can properly consider your comments, please send them to us within 30 days from the date the draft was posted.

☐ CORRECTED☐ PUBLICLY TRADED PARTNERSHIP

|  |                              |  |   |   |
|--|------------------------------|--|---|---|
| PARTNERSHIP'S name, street address, city, state, and ZIP code. |                              | 1 Taxable income (loss) from passive activities    | OMB No. 1545-1626<br><br><b>2006</b><br><br>Schedule K-1<br>(Form 1065-B) | <b>Partner's Share of Income (Loss) From an Electing Large Partnership</b><br><br><b>Copy A</b><br><br><b>For Internal Revenue Service Center</b><br><br><b>File with Form 1065-B.</b><br><br>For Privacy Act and Paperwork Reduction Act Notice and instructions for completing this form, see the <b>2006 Instructions for Form 1065-B</b> , U.S. Return of Income for Electing Large Partnerships. |
|  |                              | 2 Taxable income (loss) from other activities      |   |   |
| PARTNERSHIP'S Employer I.D. number                             | PARTNER'S identifying number | 3 Qualified dividends                              |   |   |
| PARTNER'S name   |                              | 4a Net capital gain (loss) from passive activities | 4b Net capital gain (loss) from other activities                          |   |
| Street address (including apt. no.)                            |                              | 5 Net passive AMT adjustment                       | 6 Net other AMT adjustment  |   |
| City, state, and ZIP code                                      |                              | 7 General credits                                  | 8 Low-income housing credit   |   |
| Partner's share of liabilities:                                |                              | 9 Other  |   |   |
| a Nonrecourse . . . . . \$                                     |                              |  |   |   |
| b Qualified nonrecourse financing . . . . . \$                 |                              |  |   |   |
| c Other . . . . . \$   |                              |  |   |   |
| Tax shelter registration number                                |                              |  |   |   |

Schedule K-1 (Form 1065-B)

Cat. No. 25437H

Department of the Treasury - Internal Revenue Service

Do NOT Cut or Separate Forms on This Page

☐ CORRECTED (if checked)

☐ PUBLICLY TRADED PARTNERSHIP (if checked)

|  |                              |  |   |
|--|------------------------------|--|---|
| PARTNERSHIP'S name, street address, city, state, and ZIP code. |                              | 1 Taxable income (loss) from passive activities    | OMB No. 1545-1626<br><br><b>2006</b><br><br>Schedule K-1<br>(Form 1065-B) |
|  |                              | 2 Taxable income (loss) from other activities      |   |
| PARTNERSHIP'S Employer I.D. number                             | PARTNER'S identifying number | 3 Qualified dividends                              |   |
| PARTNER'S name   |                              | 4a Net capital gain (loss) from passive activities | 4b Net capital gain (loss) from other activities                          |
| Street address (including apt. no.)                            |                              | 5 Net passive AMT adjustment                       | 6 Net other AMT adjustment  |
| City, state, and ZIP code                                      |                              | 7 General credits                                  | 8 Low-income housing credit   |
| Partner's share of liabilities:                                |                              | 9 Other  |   |
| a Nonrecourse . . . . . \$                                     |                              |  |   |
| b Qualified nonrecourse financing . . . \$                     |                              |  |   |
| c Other . . . . . \$   |                              |  |   |
| Tax shelter registration number                                |                              |  |   |

**Partner's Share  
of Income (Loss)  
From an Electing  
Large Partnership**

**Copy B  
For Partner**

See the separate  
**Partner's  
Instructions for  
Schedule K-1  
(Form 1065-B).**

This is important tax  
information and is  
being furnished to the  
Internal Revenue  
Service. If you are  
required to file a return,  
a negligence penalty or  
other sanction may be  
imposed on you if this  
income is taxable and  
the IRS determines that  
it has not been  
reported.

**Schedule K-1 (Form 1065-B)**

(Keep for your records.)

Department of the Treasury - Internal Revenue Service

☐ CORRECTED☐ PUBLICLY TRADED PARTNERSHIP

|  |                              |  |   |   |
|--|------------------------------|--|---|---|
| PARTNERSHIP'S name, street address, city, state, and ZIP code.   |                              | 1 Taxable income (loss) from passive activities    | OMB No. 1545-1626<br><br><b>2006</b><br><br>Schedule K-1<br>(Form 1065-B) | <b>Partner's Share of Income (Loss) From an Electing Large Partnership</b><br><br><b>Copy C</b><br><br><b>For Electing Large Partnership</b><br><br>For Privacy Act and Paperwork Reduction Act Notice and instructions for completing this form, see the <b>2006 Instructions for Form 1065-B</b> , U.S. Return of Income for Electing Large Partnerships. |
|  |                              | 2 Taxable income (loss) from other activities      |   |   |
| PARTNERSHIP'S Employer I.D. number   | PARTNER'S identifying number | 3 Qualified dividends                              |   |   |
| PARTNER'S name   |                              | 4a Net capital gain (loss) from passive activities | 4b Net capital gain (loss) from other activities                          |   |
| Street address (including apt. no.)  |                              | 5 Net passive AMT adjustment                       | 6 Net other AMT adjustment  |   |
| City, state, and ZIP code  |                              | 7 General credits                                  | 8 Low-income housing credit   |   |
| Partner's share of liabilities:<br>a Nonrecourse . . . . . \$ .....<br>b Qualified nonrecourse financing . . . \$ .....<br>c Other . . . . . \$ .....<br>Tax shelter registration number |                              | 9 Other  |   |   |

Schedule K-1 (Form 1065-B)

Department of the Treasury - Internal Revenue Service